

## PART B - FEE(S) TRANSMITTAL

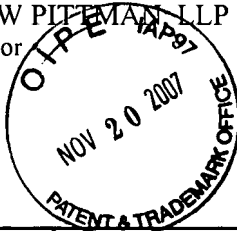
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909 7590 09/13/2007

PILLSBURY WINTHROP SHAW PITTMAN LLP  
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 P.O. BOX 10500  
 MCLEAN, VA 22102



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|                    |
|--------------------|
| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/814,802 04/01/2004 Markus Franciscus Antonius Eurlings 081468-0309013 5303

TITLE OF INVENTION: DEVICE MANUFACTURING METHOD, MASK SET FOR USE IN THE METHOD, DATA SET FOR CONTROLLING A PROGRAMMABLE PATTERNING DEVICE, METHOD OF GENERATING A MASK PATTERN AND A COMPUTER PROGRAM

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional NO \$1400 \$1440 \$300 \$0 \$1700 12/13/2007

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------|----------|----------------|
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ROSASCO, STEPHEN D 1756 430-005000

11/21/2007 AWONDAF2 0002127433975 10814802  
 01 FC:1501 1440.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:0001 15.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- 1 PILLSBURY WINTHROP  
 2 SHAW PITTMAN LLP  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ASML NETHERLANDS B.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Veldhoven, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies FIVE

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- ☐ A check is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date November 20, 2007

Typed or printed name

Robert C.F. Perez

Registration No. 39,328

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